

Application Data Sheet

Application Information

Application number::	To Be Assigned
Filing Date::	03/22/05
Application Type::	Regular
Subject Matter::	Utility
Title::	IDENTIFICATION OF ANTI-HIV COMPOUNDS INHIBITING VIRUS ASSEMBLY AND BINDING OF NUCLEOCAPSID PROTEIN TO NUCLEIC ACID
Attorney Docket Number::	015280-462100US
Request for Early Publication::	No
Request for Non-Publication::	No
Total Drawing Sheets::	
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert
Middle Name::	H.
Family Name::	SHOEMAKER
City of Residence::	North Potomac
State or Province of Residence::	MD
Country of Residence::	US
Street of Mailing Address::	22606 Peach Tree Road
City of Mailing Address::	Boys

State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20841

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Family Name:: CURRENS
City of Residence:: Frederick
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 615 Wilson Place
City of Mailing Address:: Frederick
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21702

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alan
Family Name:: REIN
City of Residence:: Columbia
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 7295 Swan Point Way
City of Mailing Address:: Columbia
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21045

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ya-Xiong
Family Name:: FENG
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 10300 West Lake Drive, Apt. 305
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20817

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Family Name:: FISHER
City of Residence:: Sharpsburg
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 17408 Miller's Sawmill Road
City of Mailing Address:: Sharpsburg
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21782

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Andrew
Family Name:: STEPHEN
City of Residence:: Catonsville
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 114 North Beechwood Avenue
City of Mailing Address:: Catonsville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21228

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Karen
Family Name:: WORTHY
City of Residence:: Washington
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 13801 Wanegarden Drive
City of Mailing Address:: Germantown
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20874

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Shizuko
Family Name:: SEI

City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 10104 Galsworthy Place
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20814

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bruce
Family Name:: CRISE
City of Residence:: Washington Grove
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 208 Chestnut Avenue
City of Mailing Address:: Washington Grove
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20880

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Louis
Middle Name:: E.
Family Name:: HENDERSON
City of Residence:: Mt. Airy
State or Province of Residence:: MD

Country of Residence:: US
Street of Mailing Address:: 10296 Quail Trail
City of Mailing Address:: Mt. Airy
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21771

Correspondence Information

Correspondence Customer Number:: 45115

Representative Information

Representative Customer Number:: 45115

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of Claims Benefit of	PCT/US2003/032086 60/416,854	October 8, 2003 October 8, 2002

Assignee Information

Assignee Name:: THE GOVERNMENT OF THE USA AS
REPRESENTED BY THE SECRETARY OF THE
DEPT. OF HEALTH AND HUMAN SERVICES
Street of mailing address:: 6011 Executive Boulevard, Room 325
City of mailing address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20852